



Healthcare Information Resource Center

Internet and Personal Computer
Diskette Documentation

**The Annual Utilization Data
for
Primary Care Clinics**

**Calendar Year
2002**

**Annual Utilization Report of Primary Care Clinics (AURPCC)
2002**

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Annual Utilization Report of Primary Care Clinics (AURPCC) 2002

GENERAL INFORMATION

The Office of Statewide Health Planning and Development (OSHPD) annually produces this statewide Primary Care Clinic database. The data comes from the *Annual Utilization Report of Primary Care Clinics (AURPPC)*, which are filed by California's Primary Care Clinics (licensed as Community or Free Clinics). For the 2001 calendar year, the Primary Care Clinics began submitting data to OSHPD through a new Internet based reporting system known as ALIRTS (Automated Licensing Information and Report Tracking System). Once a report is submitted and meets edit criteria, it immediately becomes available to the public via ALIRTS (<http://alirts.oshpd.state.ca.us>). After all individual reports are received and approved, OSHPD creates this Primary Care Clinic database.

This documentation includes descriptions of each data element (field). It may also be helpful to review the *Annual Utilization Report of Primary Care Clinics - 2002* reporting form, which is provided in Appendix B, the last 11 pages of this documentation file.

Included in this download are five text (.txt) data files. Due to the large number of data items, the database is separated into three data files. These three files contain the utilization data for those clinics that filed a report. A fourth text file lists those licensed clinics that failed to submit a report. The fifth text file contains three alternative header row sets with optional labels for each data field (see "Header Rows" discussion below). In addition to this document and the readme.pdf document, this download set of files consists of:

- Data File 1 (clin02pc_data_1.txt) contains basic clinic identification information; community services, patient and staff language data; and clinic staffing data. All data elements in the file come from Sections 1 through 3 of the *Annual Utilization Report of Primary Care Clinics*.
- Data 2 (clin02pc_data_2.txt) contains the data elements from Sections 4, 5, 7, and 8 of the *AURPCC*. Those sections contain information on encounters by principal diagnosis and service, encounters by procedure codes (CPT codes), an income statement, and selected capital project items.
- Data 3 (clin02pc_data_3.txt) contains revenue data from Section 6 including gross revenue and the itemized write-offs by program.
- Non-Responding clinics file (clin02pc_nonresponders.txt) contains only basic facility identification information of those clinics that were licensed but did not file their *AURPCC*.
- Alternative Field Labels (clin02pc_headers.txt) contains three sets of header rows with alternatively formatted field labels. See "Header Rows" discussion on the next page.

Number of Clinics in the Data Files

There were 721 clinics that submitted an AURPCC for 2002; their data are displayed in the first three data files. In the data files, each line (row) represents one clinic. There is a total of 564 data fields, spread over the three data files for reporting clinics. The 73 clinics that failed to submit their reports are listed in the Non-Responding clinics file.

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Importing Data Files

Each data file is in a comma-delimited text (TXT) format for use in spreadsheet and database applications.

Most spreadsheet and database programs require you to import files through their import features. We suggest you review your software's import features before you double-clicking the text data files in this package. (Double-clicking a TXT file with Windows Explorer, for example, will only result in Word Pad or Notepad automatically opening the file. TXT files must be imported into your application software). If you are having difficulties processing the TXT file format, please review the readme document that is included in this package. If you continue to have problems, please contact the Healthcare Information Resource Center (HIRC) at (916) 322-2814. Be aware that the OSHPD staff can only answer technical data questions. You must contact the software company's technical support service regarding operation of your software.

Although most data fields will format correctly by default, the following formats are recommended during the import process:

<u>Section, Line, Column</u>	<u>Field Name</u>	<u>Format Consideration</u>
OSHPD_ID	OSHPD_ID	Use the same format in all three data files
1.10.1	BEG_DATE	Dates
1.11.1	END_DATE	Dates

Header Rows

The first row in each data file is a header row that displays field titles. When downloaded, most field titles (all facility reported data fields), display the respective report form coordinates in the *Annual Utilization Report of Primary Care Clinics*. These names show the section, line, and column numbers, delimited by periods. For example, "Total Patients By Race" is reported in the first data file on Section 3, Line 10, Column 1. The field label is "3.10.1." This is the least complex way to display and the easiest way to read these coordinates. Using report form coordinates does require the data user to refer to a copy of the blank report form when dealing with the database. The blank reporting form is provided in Appendix B, on the last 11 pages of this file (pdf pages 22 through 32). It is highly recommended that you print a reference copy.

Some database applications require at least one alpha character in the field name, and/or will not allow "periods" in field names. Thus, two other sets of field labels are provided in the "clin02pc_headers.txt" file. There is an alternative section-line-column format that contains alpha characters and no periods. Also, the third set uses English abbreviations to describe each field.

Each section-line-column label formatted with "alpha characters and no periods" begins with a constant "slc" (section-line-column), followed by 2-digit section, 2-digit line and 2-digit column numbers. Thus, using the previous example for section 3, line 10, column 1, the "slc" field name is "slc031002."

The third header row uses field names that display abbreviated English descriptions. The abbreviated English field name for the above example (3.10.1) is "Race_Pt_TOT." The abbreviations tend to be longer than what most spreadsheets will display with default column widths. To view the whole label, expand the column widths or format the row to "wrap text." You can also keep more than one header row in a file, however you must be careful when doing sorts, as most spreadsheet software will "assume" there is only one header row, and treat any following header rows as rows of data.

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Data File Documentation Description and Specifications Layout

Spreadsheet Columns

Indicates the column in which the data item is located if the file is imported into a spreadsheet. The columns are in alphabetical order.

Section, Line, & Column

This item represents the data field's coordinates by report section, line, and column, reflecting the *Annual Utilization Report of Primary Care Clinics* input document.

Field Name

This lists the abbreviated English name for each field.

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Data File 1
(clin02pc_data_1.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
A	1.2.1	OSHPD Facility ID#	OSHPD_ID
B	1.1.1	Facility Name	Fac_Name
C	1.3.1	Fac_Address_One	Fac_Address_One
D	1.3.1	Fac_Address_Two	Fac_Address_Two
E	1.4.1	Fac_City	Fac_City
F	1.5.1	Fac_ZipCode	Fac_ZipCode
G	Lic_Status	Lic_Status	Lic_Status
H	Lic_Status_Date	Lic_Status_Date	Lic_Status_Date
I	Lic_Orig_Date	Lic_Orig_Date	Lic_Orig_Date
J	Report_Status	Report_Status	Report_Status
K	1.6.1	Fac_Phone	Fac_Phone
L	1.7.1	Fac_Admin_Name	
M	1.9.1	Fac_Oper_CurrYr 1 = Yes 0 = No	Fac_Oper_CurrYr
N	1.10.1	Beg_Date	Beg_Date
O	1.11.1	End_Date	End_Date
P	1.12.1	Parent_Name	Parent_Name
Q	1.13.1	Parent_Address_One	Parent_Address_One
R	1.13.1	Parent_Address_Two	Parent_Address_Two
S	1.14.1	Parent_City	Parent_City
T	1.15.1	Parent_State	Parent_State
U	1.16.1	Parent_ZipCode	Parent_ZipCode
V	1.18.1	Report_Prep_Name	Report_Prep_Name
W	Lic_Type	License Type: -- Community Clinic -- Free Clinic	Lic_Type
X	2.1.1	Clin_FQHC_or_Like -- Neither -- FQHC (Federally Qualified Health Clinic) -- FQHC Look alike	slc020101
Y	2.2.1	Clin_95210_Rural 1 = Yes 0 = No	slc020201
Z	2.10.1	ComSvc_Adult_Day_Care	slc021001
AA	2.11.1	ComSvc_Child_Care	slc021101
AB	2.12.1	ComSvc_Education	slc021201
AC	2.13.1	ComSvc_Nutrition	slc021301
AD	2.14.1	ComSvc_Disaster_Relief	slc021401
AE	2.15.1	ComSvc_Environ_Health	slc021501
AF	2.16.1	ComSvc_Homeless	slc021601
AG	2.17.1	ComSvc_Legal	slc021701
AH	2.18.1	ComSvc_Outreach	slc021801
AI	2.19.1	ComSvc_Social_Svcs	slc021901
AJ	2.20.1	ComSvc_Subst_Abuse	slc022001
AK	2.21.1	ComSvc_Transport	slc022101
AL	2.22.1	ComSvc_Voc_Training	slc022201
AM	2.23.1	ComSvc_Other	slc022301
AN	2.30.1	Arabic_Lang_Stf (1 = Yes 0 = No)	slc023001
AO	2.30.2	Arabic_Lang_Pt (1 = Yes 0 = No)	slc023002
AP	2.31.1	Armenian_Lang_Stf (1 = Yes 0 = No)	slc023101
AQ	2.31.2	Armenian_Lang_Pt (1 = Yes 0 = No)	slc023102
AR	2.32.1	Cambodian_Lang_Stf (1 = Yes 0 = No)	slc023201
AS	2.32.2	Cambodian_Lang_Pt (1 = Yes 0 = No)	slc023202

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Data File 1
(clin02pc_data_1.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
AT	2.33.1	Chinese_Lang_Stf (1 = Yes 0 = No)	slc023301
AU	2.33.2	Chinese_Lang_Pt (1 = Yes 0 = No)	slc023302
AV	2.34.1	Hindustani_Lang_Stf (1 = Yes 0 = No)	slc023401
AW	2.34.2	Hindustani_Lang_Pt (1 = Yes 0 = No)	slc023402
AX	2.35.1	Hmong_Lang_Stf (1 = Yes 0 = No)	slc023501
AY	2.35.2	Hmong_Lang_Pt (1 = Yes 0 = No)	slc023502
AZ	2.36.1	Japanese_Lang_Stf (1 = Yes 0 = No)	slc023601
BA	2.36.2	Japanese_Lang_Pt (1 = Yes 0 = No)	slc023602
BB	2.37.1	Korean_Lang_Stf (1 = Yes 0 = No)	slc023701
BC	2.37.2	Korean_Lang_Pt (1 = Yes 0 = No)	slc023702
BD	2.38.1	Laotian_Lang_Stf (1 = Yes 0 = No)	slc023801
BE	2.38.2	Laotian_Lang_Pt (1 = Yes 0 = No)	slc023802
BF	2.39.1	Portugese_Lang_Stf (1 = Yes 0 = No)	slc023901
BG	2.39.2	Portugese_Lang_Pt (1 = Yes 0 = No)	slc023902
BH	2.40.1	Punjabi_Lang_Stf (1 = Yes 0 = No)	slc024001
BI	2.40.2	Punjabi_Lang_Pt (1 = Yes 0 = No)	slc024002
BJ	2.41.1	Russian_Lang_Stf (1 = Yes 0 = No)	slc024101
BK	2.41.2	Russian_Lang_Pt (1 = Yes 0 = No)	slc024102
BL	2.42.1	Sign_Lang_Stf (1 = Yes 0 = No)	slc024201
BM	2.42.2	Sign_Lang_Pt (1 = Yes 0 = No)	slc024202
BN	2.43.1	Spanish_Lang_Stf (1 = Yes 0 = No)	slc024301
BO	2.43.2	Spanish_Lang_Pt (1 = Yes 0 = No)	slc024302
BP	2.44.1	Tagalog_Lang_Stf (1 = Yes 0 = No)	slc024401
BQ	2.44.2	Tagalog_Lang_Pt (1 = Yes 0 = No)	slc024402
BR	2.45.1	Vietnamese_Lang_Stf (1 = Yes 0 = No)	slc024501
BS	2.45.2	Vietnamese_Lang_Pt (1 = Yes 0 = No)	slc024502
BT	2.55.1	Eng_Not_Prim_Pt_Percent	slc025501
BU	2.56.1	Lang_If_Eng_Not_Prim	slc025601
BV	2.60.1	Physn_Salary_FTE	slc026001
BW	2.60.2	Physn_Contract_FTE	slc026002
BX	2.60.3	Physn_Volunteer_FTE	slc026003
BY	2.60.4	Physn_TOT_FTE	slc026004
BZ	2.60.5	Physn_Enctr_FTE	slc026005
CA	2.61.1	Physn_Asst_Salary_FTE	slc026101
CB	2.61.2	Physn_Asst_Contract_FTE	slc026102
CC	2.61.3	Physn_Asst_Volunteer_FTE	slc026103
CD	2.61.4	Physn_Asst_TOT_FTE	slc026104
CE	2.61.5	Physn_Asst_Enctr_FTE	slc026105
CF	2.62.1	Nur_Fam_Pract_Salary_FTE	slc026201
CG	2.62.2	Nur_Fam_Pract_Contract_FTE	slc026202
CH	2.62.3	Nur_Fam_Pract_Volunteer_FTE	slc026203
CI	2.62.4	Nur_Fam_Pract_TOT_FTE	slc026204
CJ	2.62.5	Nur_Fam_Pract_Enctr_FTE	slc026205
CK	2.63.1	Midwiv_Salary_FTE	slc026301
CL	2.63.2	Midwiv_Contract_FTE	slc026302
CM	2.63.3	Midwiv_Volunteer_FTE	slc026303
CN	2.63.4	Midwiv_TOT_FTE	slc026304
CO	2.63.5	Midwiv_Enctr_FTE	slc026305
CP	2.64.1	Nur_Visit_Salary_FTE	slc026401
CQ	2.64.2	Nur_Visit_Contract_FTE	slc026402
CR	2.64.3	Nur_Visit_Volunteer_FTE	slc026403
CS	2.64.4	Nur_Visit_TOT_FTE	slc026404
CT	2.64.5	Nur_Visit_Enctr_FTE	slc026405

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Data File 1

(clin02pc_data_1.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
CU	2.65.1	Dentist_Salary_FTE	slc026501
CV	2.65.2	Dentist_Contract_FTE	slc026502
CW	2.65.3	Dentist_Volunteer_FTE	slc026503
CX	2.65.4	Dentist_TOT_FTE	slc026504
CY	2.65.5	Dentist_Enctr_FTE	slc026505
CZ	2.66.1	Dent_Hyg_Salary_FTE	slc026601
DA	2.66.2	Dent_Hyg_Contract_FTE	slc026602
DB	2.66.3	Dent_Hyg_Volunteer_FTE	slc026603
DC	2.66.4	Dent_Hyg_TOT_FTE	slc026604
DD	2.66.5	Dent_Hyg_Enctr_FTE	slc026605
DE	2.67.1	PsyD_Salary_FTE	slc026701
DF	2.67.2	PsyD_Contract_FTE	slc026702
DG	2.67.3	PsyD_Volunteer_FTE	slc026703
DH	2.67.4	PsyD_TOT_FTE	slc026704
DI	2.67.5	PsyD_Enctr_FTE	slc026705
DJ	2.68.1	Psych_Clin_Salary_FTE	slc026801
DK	2.68.2	Psych_Clin_Contract_FTE	slc026802
DL	2.68.3	Psych_Clin_Volunteer_FTE	slc026803
DM	2.68.4	Psych_Clin_TOT_FTE	slc026804
DN	2.68.5	Psych_Clin_Enctr_FTE	slc026805
DO	2.69.1	LCSW_Salary_FTE	slc026901
DP	2.69.2	LCSW_Contract_FTE	slc026902
DQ	2.69.3	LCSW_Volunteer_FTE	slc026903
DR	2.69.4	LCSW_TOT_FTE	slc026904
DS	2.69.5	LCSW_Enctr_FTE	slc026905
DT	2.70.1	Couns_MaFaCh_Salary_FTE	slc027001
DU	2.70.2	Couns_MaFaCh_Contract_FTE	slc027002
DV	2.70.3	Couns_MaFaCh_Volunteer_FTE	slc027003
DW	2.70.4	Couns_MaFaCh_TOT_FTE	slc027004
DX	2.70.5	Couns_MaFaCh_Enctr_FTE	slc027005
DY	2.71.1	Othr_MediCal_Provdr_Salary_FTE	slc027101
DZ	2.71.2	Othr_MediCal_Provdr_Contract_FTE	slc027102
EA	2.71.3	Othr_MediCal_Provdr_Volunteer_FTE	slc027103
EB	2.71.4	Othr_MediCal_Provdr_TOT_FTE	slc027104
EC	2.71.5	Othr_MediCal_Provdr_Enctr_FTE	slc027105
ED	2.74.1	Othr_CPSP_Providr_Salary_FTE	slc027401
EE	2.74.2	Othr_CPSP_Providr_Contract_FTE	slc027402
EF	2.74.3	Othr_CPSP_Providr_Volunteer_FTE	slc027403
EG	2.74.4	Othr_CPSP_Providr_TOT_FTE	slc027404
EH	2.74.5	Othr_CPSP_Providr_Enctr_FTE	slc027405
EI	2.75.1	FTE_Salary_TOT	slc027501
EJ	2.75.2	FTE_Contract_TOT	slc027502
EK	2.75.3	FTE_Volunteer_TOT	slc027503
EL	2.75.4	FTE_GRAND_TOT	slc027504
EM	2.75.5	Enctr_GRAND_TOT	slc027505
EN	2.80.1	Dent_Asst_Salary_FTE	slc028001
EO	2.80.2	Dent_Asst_Contract_FTE	slc028002
EP	2.80.3	Dent_Asst_Volunteer_FTE	slc028003
EQ	2.80.4	Dent_Asst_TOT_FTE	slc028004
ER	2.80.5	Dent_Asst_Contacts_FTE	slc028005
ES	2.81.1	Nur_Regist_Salary_FTE	slc028101
ET	2.81.2	Nur_Regist_Contract_FTE	slc028102
EU	2.81.3	Nur_Regist_Volunteer_FTE	slc028103

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Data File 1
(clin02pc_data_1.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
EV	2.81.4	Nur_Regist_TOT_FTE	slc028104
EW	2.81.5	Nur_Regist_Contacts_FTE	slc028105
EX	2.82.1	LVN_Salary_FTE	slc028201
EY	2.82.2	LVN_Contract_FTE	slc028202
EZ	2.82.3	LVN_Volunteer_FTE	slc028203
FA	2.82.4	LVN_TOT_FTE	slc028204
FB	2.82.5	LVN_Contacts_FTE	slc028205
FC	2.83.1	Pt_Educ_NonLic_Salary_FTE	slc028301
FD	2.83.2	Pt_Educ_NonLic_Contract_FTE	slc028302
FE	2.83.3	Pt_Educ_NonLic_Volunteer_FTE	slc028303
FF	2.83.4	Pt_Educ_NonLic_TOT_FTE	slc028304
FG	2.83.5	Pt_Educ_NonLic_Contacts_FTE	slc028305
FH	2.89.1	Othr_Provdr_Not_Enctr_Salary_FTE	slc028901
FI	2.89.2	Othr_Provdr_Not_Enctr_Contract_FTE	slc028902
FJ	2.89.3	Othr_Provdr_Not_Enctr_Volunteer_FTE	slc028903
FK	2.89.4	Othr_Provdr_Not_Enctr_TOT_FTE	slc028904
FL	2.89.5	Othr_Provdr_Not_Enctr_Contacts_FTE	slc028905
FM	2.90.1	FTE_Contacts_Salary_TOT	slc029001
FN	2.90.2	FTE_Contacts_Contract_TOT	slc029002
FO	2.90.3	FTE_Contacts_Volunteer_TOT	slc029003
FP	2.90.4	FTE_Contacts_TOT	slc029004
FQ	2.90.5	FTE_Contacts_GRAND_TOT	slc029005
FR	3.1.1	White_Pt_Race	slc030101
FS	3.2.1	Black_Pt_Race	slc030201
FT	3.3.1	NativeAmerican_Pt_Race	slc030301
FU	3.4.1	AsianPac_Pt_Race	slc030401
FV	3.9.1	Other_Unkn_Pt_Race	slc030901
FW	3.10.1	Race_Pt_TOT	slc031001
FX	3.11.1	Hispanic_Pt_Ethnicity	slc031101
FY	3.12.1	NonHispanic_Pt_Ethnicity	slc031201
FZ	3.13.1	Unkn_Pt_Ethnicity	slc031301
GA	3.15.1	Ethnicity_Pt_TOT	slc031501
GB	3.20.1	Pov_Less_Than_100_Percent_Pt	slc032001
GC	3.21.1	Pov_100to200_Percent_Pt	slc032101
GD	3.22.1	Pov_More_Than_200_Percent_Pt	slc032201
GE	3.23.1	Pov_Unkn_Pt	slc032301
GF	3.24.1	Pov_TOT_Pt	slc032401
GG	3.30.1	Agri_MigrWrkr_TOT_Pt	slc033001
GH	3.31.1	Agri_MigrWrkr_TOT_Enctr	slc033101
GI	3.40.1	M_Less_Than_1_YR	slc034001
GJ	3.40.2	F_Less_Than_1_YR	slc034002
GK	3.41.1	M_1to4_YR	slc034101
GL	3.41.2	F_1to4_YR	slc034102
GM	3.42.1	M_5to12_YR	slc034201
GN	3.42.2	F_5to12_YR	slc034202
GO	3.43.1	M_13to14_YR	slc034301
GP	3.43.2	F_13to14_YR	slc034302
GQ	3.44.1	M_15to19_YR	slc034401
GR	3.44.2	F_15to19_YR	slc034402
GS	3.45.1	M_20to34_YR	slc034501
GT	3.45.2	F_20to34_YR	slc034502
GU	3.46.1	M_35to44_YR	slc034601
GV	3.46.2	F_35to44_YR	slc034602

2002 PRIMARY CARE CLINICS

Data File 1
(clin02pc_data_1.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
GW	3.47.1	M_45to64_YR	slc034701
GX	3.47.2	F_45to64_YR	slc034702
GY	3.48.1	M_More_Than_65_YR	slc034801
GZ	3.48.2	F_More_Than_65_YR	slc034802
HA	3.55.1	M_TOT	slc035501
HB	3.55.2	F_TOT	slc035502
HC	3.60.1	Medicare_Pt_Cov	slc036001
HD	3.61.1	Medicare_Mgn_Pt_Cov	slc036101
HE	3.62.1	MediCal_Pt_Cov	slc036201
HF	3.63.1	MediCal_Mgn_Pt_Cov	slc036301
HG	3.64.1	County_CMSP_MISP_Pt_Cov	slc036401
HH	3.65.1	Healthy_Families_Pt_Cov	slc036501
HI	3.66.1	Private_Insurance_Pt_Cov	slc036601
HJ	3.67.1	Alameda_Alliance_Pt_Cov	slc036701
HK	3.68.1	La_County_Partnership_Pt_Cov	slc036801
HL	3.69.1	San_Diego_Med_Plan_Pt_Cov	slc036901
HM	3.70.1	SelfPay_SlideFee_Pt_Cov	slc037001
HN	3.71.1	Free_Pt_Cov	slc037101
HO	3.74.1	All_Other_Payers_Pt_Cov	slc037401
HP	3.75.1	Grand_Totals_Pt_Cov	slc037501
HQ	3.80.1	Breast_Ca_Pt_Episodic	slc038001
HR	3.81.1	CHDP_Pt_Episodic	slc038101
HS	3.82.1	EAPC_Pt_Episodic	slc038201
HT	3.83.1	Family_PACT_Pt_Episodic	slc038301
HU	3.84.1	Other_County_Pt_Episodic	slc038401
HV	3.85.1	Children_Treatm_Prog_Pt_Episodic	slc038501
HW	3.89.1	Othr_Payer_Grant_Cov_Pt_Episodic	slc038901
HX	3.90.1	TOT_Episodic_Pt	slc039001
HY	3.95.1	TOT_CHDP_Assess_Pt	slc039501

2002 PRIMARY CARE CLINICS

Data File 2

(clin02pc_data_2.txt)

Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
A	1.2.1	OSHPD Facility ID#	OSHPD_ID
B	1.1.1	Facility Name	Fac_Name
C	4.1.1	Dx_001to139_infectious_Enctr	slc040101
D	4.2.1	Dx_140to239_neoplasms_Enctr	slc040201
E	4.3.1	Dx_240to279_endocrine_Enctr	slc040301
F	4.4.1	Dx_280to289_blood_Enctr	slc040401
G	4.5.1	Dx_290to319_mental_Enctr	slc040501
H	4.6.1	Dx_320to389_nervous_Enctr	slc040601
I	4.7.1	Dx_390to459_circulatory_Enctr	slc040701
J	4.8.1	Dx_460to519_respiratory_Enctr	slc040801
K	4.9.1	Dx_520to579_digestive_Enctr	slc040901
L	4.10.1	Dx_580to629_genit_urinary_Enctr	slc041001
M	4.11.1	Dx_630to679_pregchild_Enctr	slc041101
N	4.12.1	Dx_680to709_skin_Enctr	slc041201
O	4.13.1	Dx_710to739_muscles_Enctr	slc041301
P	4.14.1	Dx_740to759_congenital_Enctr	slc041401
Q	4.15.1	Dx_760to779_perinatal_Enctr	slc041501
R	4.16.1	Dx_780to799_ill_defined_Enctr	slc041601
S	4.17.1	Dx_800to999_injurypoison_Enctr	slc041701
T	4.18.1	Dx_V01toV82_hlthstatus_Enctr	slc041801
U	4.19.1	Dx_Dental_Enctr	slc041901
V	4.25.1	TOT_Dx_Enctr	slc042501
W	5.1.1	CPT_99201to205_Eval_Mgt_Enctr	slc050101
X	5.2.1	CPT_99211to215_Eval_Mgt_Enctr	slc050201
Y	5.3.1	CPT_99217to239_Eval_Mgt_Enctr	slc050301
Z	5.4.1	CPT_99241to275_Eval_Mgt_Enctr	slc050401
AA	5.5.1	CPT_99281toEtc_Eval_Mgt_Enctr	slc050501
AB	5.6.1	CPT_99301to316_Eval_Mgt_Enctr	slc050601
AC	5.7.1	CPT_99361to373_Eval_Mgt_Enctr	slc050701
AD	5.8.1	CPT_99381toEtc_Eval_Mgt_Enctr	slc050801
AE	5.9.1	CPT_99385to387_Eval_Mgt_Enctr	slc050901
AF	5.10.1	CPT_99401to412_Eval_Mgt_Enctr	slc051001
AG	5.11.1	CPT_00100to01999_Othr_Svcs_Enctr	slc051101
AH	5.12.1	CPT_10400to19499_Othr_Svcs_Enctr	slc051201
AI	5.13.1	CPT_20000to29909_Othr_Svcs_Enctr	slc051301
AJ	5.14.1	CPT_30000to32999_Othr_Svcs_Enctr	slc051401
AK	5.15.1	CPT_33010to37799_Othr_Svcs_Enctr	slc051501
AL	5.16.1	CPT_38100to599_Othr_Svcs_Enctr	slc051601
AM	5.17.1	CPT_39000to599_Othr_Svcs_Enctr	slc051701
AN	5.18.1	CPT_40490to49999_Othr_Svcs_Enctr	slc051801
AO	5.19.1	CPT_50010to53899_Othr_Svcs_Enctr	slc051901
AP	5.20.1	CPT_54000to55899_Othr_Svcs_Enctr	slc052001
AQ	5.21.1	CPT_55970to55980_Othr_Svcs_Enctr	slc052101
AR	5.22.1	CPT_56405to58999_Othr_Svcs_Enctr	slc052201
AS	5.23.1	CPT_59000to899_Othr_Svcs_Enctr	slc052301
AT	5.24.1	CPT_60000to699_Othr_Svcs_Enctr	slc052401
AU	5.25.1	CPT_61000to64999_Othr_Svcs_Enctr	slc052501
AV	5.26.1	CPT_65091to68899_Othr_Svcs_Enctr	slc052601
AW	5.27.1	CPT_69000to990_Othr_Svcs_Enctr	slc052701
AX	5.28.1	CPT_70010to79999_Othr_Svcs_Enctr	slc052801
AY	5.29.1	CPT_80048to89399_Othr_Svcs_Enctr	slc052901
AZ	5.30.1	CPT_90281to99199_Othr_Svcs_Enctr	slc053001

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Data File 2

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
BA	5.31.1	CPT_Z_Codes_Othr_Svcs_Enctr	slc053101
BB	5.32.1	CPT_Dental_Codes_Othr_Svcs_Enctr	slc053201
BC	5.44.1	CPT_Any_Othr_Svcs_Enctr	slc054401
BD	5.45.1	CPT_TOT_Enctr	slc054501
BE	5.50.1	CPT_76090to092_Eval_Mgt_Proced	slc055001
BF	5.51.1	CPT_86701_Etc_Eval_Mgt_Proced	slc055101
BG	5.52.1	CPT_88141_Etc_Eval_Mgt_Proced	slc055201
BH	5.53.1	CPT_11975_Etc_Eval_Mgt_Proced	slc055301
BI	5.60.1	CPT_90701_Etc_Eval_Mgt_Proced	slc056001
BJ	5.61.1	CPT_90645to48_Eval_Mgt_Proced	slc056101
BK	5.62.1	CPT_90633to36_Eval_Mgt_Proced	slc056201
BL	5.63.1	CPT_90740to47_Eval_Mgt_Proced	slc056301
BM	5.64.1	CPT_90748_Eval_Mgt_Proced	slc056401
BN	5.65.1	CPT_90657to60_Eval_Mgt_Proced	slc056501
BO	5.66.1	CPT_90707_Eval_Mgt_Proced	slc056601
BP	5.67.1	CPT_90669_Eval_Mgt_Proced	slc056701
BQ	5.68.1	CPT_90712to13_Eval_Mgt_Proced	slc056801
BR	5.69.1	CPT_90716_Eval_Mgt_Proced	slc056901
BS	7.1.1	TOT_Gro_Rev	slc070101
BT	7.2.1	TOT_Gro_Rev_TOT_WriteOffs_Adj	slc070201
BU	7.3.1	TOT_Net_Pt_Rev_collected	slc070301
BV	7.4.1	Fed_Othr_Oper_Rev	slc070401
BW	7.5.1	State_Othr_Oper_Rev	slc070501
BX	7.6.1	County_Othr_Oper_Rev	slc070601
BY	7.7.1	Local_Othr_Oper_Rev	slc070701
BZ	7.8.1	Pvt_Othr_Oper_Rev	slc070801
CA	7.9.1	Donat_Contr_Othr_Oper_Rev	slc070901
CB	7.19.1	Othr_Income_Othr_Oper_Rev	slc071901
CC	7.20.1	TOT_Othr_Rev	slc072001
CD	7.25.1	TOT_Op_Rev	slc072501
CE	7.30.1	Exp_Sal	slc073001
CF	7.31.1	Exp_Contr_Prof	slc073101
CG	7.32.1	Exp_Sup_Med_Dent	slc073201
CH	7.33.1	Exp_Sup_Ofc	slc073301
CI	7.34.1	Exp_Out_Pt_Care	slc073401
CJ	7.35.1	Exp_Rent_Deprc	slc073501
CK	7.36.1	Exp_Util	slc073601
CL	7.37.1	Exp_LiabIns_Prof	slc073701
CM	7.38.1	Exp_Othr_Ins	slc073801
CN	7.39.1	Exp_Cont_Ed	slc073901
CO	7.44.1	Exp_Othr_Exp	slc074401
CP	7.45.1	TOT_Exp	slc074501
CQ	7.50.1	Net_Frm_Op	slc075001
CR	8.1.1	Equip_Cap_More_than_500K_Y_N 1 = Yes 0 = No	slc080101
CS	8.5.1	Equip_01_Cap_Value	slc080501
CT	8.5.2	Equip_01_Cap_Proj_no	slc080502
CU	8.5.3	Equip_01_Cap_Acqui_DT	slc080503
CV	8.5.4	Equip_01_Cap_Acqui_Means	slc080504
CW	8.6.1	Equip_02_Cap_Value	slc080601
CX	8.6.2	Equip_02_Cap_Proj_no	slc080602
CY	8.6.3	Equip_02_Cap_Acqui_DT	slc080603

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Data File 2

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
CZ	8.6.4	Equip_02_Cap_Acqui_Means	slc080604
DA	8.7.1	Equip_03_Cap_Value	slc080701
DB	8.7.2	Equip_03_Cap_Proj_no	slc080702
DC	8.7.3	Equip_03_Cap_Acqui_DT	slc080703
DD	8.7.4	Equip_03_Cap_Acqui_Means	slc080704
DE	8.8.1	Equip_04_Cap_Value	slc080801
DF	8.8.2	Equip_04_Cap_Proj_no	slc080802
DG	8.8.3	Equip_04_Cap_Acqui_DT	slc080803
DH	8.8.4	Equip_04_Cap_Acqui_Means	slc080804
DI	8.10.1	Proj_Cap_More_Than_1M_Y_N 1 = Yes 0 = No	slc081001
DJ	8.11.1	Proj_01_Cap_Exp_TOT	slc081101
DK	8.11.2	Proj_01_Proj_no	slc081102
DL	8.12.1	Proj_02_Cap_Exp_TOT	slc081201
DM	8.12.2	Proj_02_Proj_no	slc081202
DN	8.15.1	Fund_Cap_Bal_Start	slc081501
DO	8.16.1	Fund_Cap_Add	slc081601
DP	8.17.1	Fund_Cap_Int_Earn	slc081701
DQ	8.18.1	Fund_Cap_Spent	slc081801
DR	8.19.1	Fund_Cap_Bal_End	slc081901

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Data File 3

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
A	1.2.1	OSHPD Facility ID#	OSHPD_ID
B	1.1.1	Facility Name	Fac_Name
C	6.1.1	Medicare_Encounters	slc060101
D	6.1.2	Medicare_Mng_Encounters	slc060102
E	6.1.3	MediCal_Encounters	slc060103
F	6.1.4	MediCal_Mng_Encounters	slc060104
G	6.1.5	County_CMSP_MISP_Encounters	slc060105
H	6.1.6	Healthy_Families_Encounters	slc060106
I	6.1.7	Pvt_Insurance_Encounters	slc060107
J	6.1.8	SelfPay_Slide_Fee_Encounters	slc060108
K	6.1.9	Free_Encounters	slc060109
L	6.1.10	Breast_Cancer_Encounters	slc060110
M	6.1.11	CHDP_Encounters	slc060111
N	6.1.12	EAPC_Encounters	slc060112
O	6.1.13	Family_PACT_Encounters	slc060113
P	6.1.14	SDiego_Med_Plan_Encounters	slc060114
Q	6.1.15	LA_County_PartnRShp_Encounters	slc060115
R	6.1.16	Alameda_Alliance_Encounters	slc060116
S	6.1.17	Other_County_Encounters	slc060117
T	6.1.18	Other_Payers_Encounters	slc060118
U	6.1.19	Grand_TOT_Encounters	slc060119
V	6.2.1	Medicare_Gro_Rev	slc060201
W	6.2.2	Medicare_Mng_Gro_Rev	slc060202
X	6.2.3	MediCal_Gro_Rev	slc060203
Y	6.2.4	MediCal_Mng_Gro_Rev	slc060204
Z	6.2.5	County_CMSP_MISP_Gro_Rev	slc060205
AA	6.2.6	Healthy_Families_Gro_Rev	slc060206
AB	6.2.7	Pvt_Insurance_Gro_Rev	slc060207
AC	6.2.8	SelfPay_Slide_Fee_Gro_Rev	slc060208
AD	6.2.9	Free_Gro_Rev	slc060209
AE	6.2.10	Breast_Cancer_Gro_Rev	slc060210
AF	6.2.11	CHDP_Gro_Rev	slc060211
AG	6.2.12	EAPC_Gro_Rev	slc060212
AH	6.2.13	Family_PACT_Gro_Rev	slc060213
AI	6.2.14	SDiego_Med_Plan_Gro_Rev	slc060214
AJ	6.2.15	LA_County_PartnRShp_Gro_Rev	slc060215
AK	6.2.16	Alameda_Alliance_Gro_Rev	slc060216
AL	6.2.17	Other_County_Gro_Rev	slc060217
AM	6.2.18	Other_Payers_Gro_Rev	slc060218
AN	6.2.19	Grand_TOT_Gro_Rev	slc060219
AO	6.3.1	Medicare_Gro_Rev_Slide_Fee	slc060301
AP	6.3.2	Medicare_Mng_Gro_Rev_Slide_Fee	slc060302
AQ	6.3.3	MediCal_Gro_Rev_Slide_Fee	slc060303
AR	6.3.4	MediCal_Mng_Gro_Rev_Slide_Fee	slc060304
AS	6.3.5	County_CMSP_MISP_Gro_Rev_Slide_Fee	slc060305
AT	6.3.6	Healthy_Families_Gro_Rev_Slide_Fee	slc060306
AU	6.3.7	Pvt_Insurance_Gro_Rev_Slide_Fee	slc060307
AV	6.3.8	SelfPay_Slide_Fee_Gro_Rev	slc060308
AW	6.3.9	Free_Gro_Rev_Slide_Fee	slc060309
AX	6.3.10	Breast_Cancer_Gro_Rev_Slide_Fee	slc060310
AY	6.3.11	CHDP_Gro_Rev_Slide_Fee	slc060311
AZ	6.3.12	EAPC_Gro_Rev_Slide_Fee	slc060312

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
BA	6.3.13	Family_PACT_Gro_Rev_Slide_Fee	slc060313
BB	6.3.14	SDiego_Med_Plan_Gro_Rev_Slide_Fee	slc060314
BC	6.3.15	LA_County_PartnRShp_Gro_Rev_Slide_F	slc060315
BD	6.3.16	Alameda_Alliance_Gro_Rev_Slide_Fee	slc060316
BE	6.3.17	Other_County_Gro_Rev_Slide_Fee	slc060317
BF	6.3.18	Other_Payers_Gro_Rev_Slide_Fee	slc060318
BG	6.3.19	Grand_TOT_Gro_Rev_Slide_Fee	slc060319
BH	6.4.1	Medicare_Gro_Rev_Free	slc060401
BI	6.4.2	Medicare_Mng_Gro_Rev_Free	slc060402
BJ	6.4.3	MediCal_Gro_Rev_Free	slc060403
BK	6.4.4	MediCal_Mng_Gro_Rev_Free	slc060404
BL	6.4.5	County_CMSP_MISP_Gro_Rev_Free	slc060405
BM	6.4.6	Healthy_Families_Gro_Rev_Free	slc060406
BN	6.4.7	Pvt_Insurance_Gro_Rev_Free	slc060407
BO	6.4.8	SelfPay_Slide_Fee_Gro_Rev_Free	slc060408
BP	6.4.9	Free_Gro_Rev_Free	slc060409
BQ	6.4.10	Breast_Cancer_Gro_Rev_Free	slc060410
BR	6.4.11	CHDP_Gro_Rev_Free	slc060411
BS	6.4.12	EAPC_Gro_Rev_Free	slc060412
BT	6.4.13	Family_PACT_Gro_Rev_Free	slc060413
BU	6.4.14	SDiego_Med_Plan_Gro_Rev_Free	slc060414
BV	6.4.15	LA_County_PartnRShp_Gro_Rev_Free	slc060415
BW	6.4.16	Alameda_Alliance_Gro_Rev_Free	slc060416
BX	6.4.17	Other_County_Gro_Rev_Free	slc060417
BY	6.4.18	Other_Payers_Gro_Rev_Free	slc060418
BZ	6.4.19	Grand_TOT_Gro_Rev_Free	slc060419
CA	6.5.1	Medicare_Gro_Rev_Contract_Adj	slc060501
CB	6.5.2	Medicare_Mng_Gro_Rev_Contract_Adj	slc060502
CC	6.5.3	MediCal_Gro_Rev_Contract_Adj	slc060503
CD	6.5.4	MediCal_Mng_Gro_Rev_Contract_Adj	slc060504
CE	6.5.5	County_CMSP_MISP_Gro_Rev_Contrac	slc060505
CF	6.5.6	Healthy_Families_Gro_Rev_Contract_Ad	slc060506
CG	6.5.7	Pvt_Insurance_Gro_Rev_Contract_Adj	slc060507
CH	6.5.8	SelfPay_Slide_Fee_Gro_Rev_Contract_A	slc060508
CI	6.5.9	Free_Gro_Rev_Contract_Adj	slc060509
CJ	6.5.10	Breast_Cancer_Gro_Rev_Contract_Adj	slc060510
CK	6.5.11	CHDP_Gro_Rev_Contract_Adj	slc060511
CL	6.5.12	EAPC_Gro_Rev_Contract_Adj	slc060512
CM	6.5.13	Family_PACT_Gro_Rev_Contract_Adj	slc060513
CN	6.5.14	SDiego_Med_Plan_Gro_Rev_Contract_A	slc060514
CO	6.5.15	LA_County_PartnRShp_Gro_Rev_Contra	slc060515
CP	6.5.16	Alameda_Alliance_Gro_Rev_Contract_A	slc060516
CQ	6.5.17	Other_County_Gro_Rev_Contract_Adj	slc060517
CR	6.5.18	Other_Payers_Gro_Rev_Contract_Adj	slc060518
CS	6.5.19	Grand_TOT_Gro_Rev_Contract_Adj	slc060519
CT	6.6.1	Medicare_Gro_Rev_Bad_Debts	slc060601
CU	6.6.2	Medicare_Mng_Gro_Rev_Bad_Debts	slc060602
CV	6.6.3	MediCal_Gro_Rev_Bad_Debts	slc060603
CW	6.6.4	MediCal_Mng_Gro_Rev_Bad_Debts	slc060604
CX	6.6.5	County_CMSP_MISP_Gro_Rev_Bad_De	slc060605
CY	6.6.6	Healthy_Families_Gro_Rev_Bad_Debts	slc060606
CZ	6.6.7	Pvt_Insurance_Gro_Rev_Bad_Debts	slc060607

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
DA	6.6.8	SelfPay_Slide_Fee_Gro_Rev_Bad_Debts	slc060608
DB	6.6.9	Free_Gro_Rev_Bad_Debts	slc060609
DC	6.6.10	Breast_Cancer_Gro_Rev_Bad_Debts	slc060610
DD	6.6.11	CHDP_Gro_Rev_Bad_Debts	slc060611
DE	6.6.12	EAPC_Gro_Rev_Bad_Debts	slc060612
DF	6.6.13	Family_PACT_Gro_Rev_Bad_Debts	slc060613
DG	6.6.14	SDiego_Med_Plan_Gro_Rev_Bad_Debts	slc060614
DH	6.6.15	LA_County_PartnrShp_Gro_Rev_Bad_D	slc060615
DI	6.6.16	Alameda_Alliance_Gro_Rev_Bad_Debts	slc060616
DJ	6.6.17	Other_County_Gro_Rev_Bad_Debts	slc060617
DK	6.6.18	Other_Payers_Gro_Rev_Bad_Debts	slc060618
DL	6.6.19	Grand_TOT_Gro_Rev_Bad_Debts	slc060619
DM	6.7.5	County_CMSP_MISP_Gro_Rev_Grants	slc060705
DN	6.7.6	Healthy_Families_Gro_Rev_Grants_Cre	slc060706
DO	6.7.7	Pvt_Insurance_Gro_Rev_Grants_Credit	slc060707
DP	6.7.8	SelfPay_Slide_Fee_Gro_Rev_Grants_Cr	slc060708
DQ	6.7.9	Free_Gro_Rev_Grants_Credit_Bal	slc060709
DR	6.7.10	Breast_Cancer_Gro_Rev_Grants_Credit	slc060710
DS	6.7.11	CHDP_Gro_Rev_Grants_Credit_Bal	slc060711
DT	6.7.12	EAPC_Gro_Rev_Grants_Credit_Bal	slc060712
DU	6.7.13	Family_PACT_Gro_Rev_Grants_Credit_I	slc060713
DV	6.7.14	SDiego_Med_Plan_Gro_Rev_Grants_Cre	slc060714
DW	6.7.15	LA_County_PartnrShp_Gro_Rev_Grants	slc060715
DX	6.7.16	Alameda_Alliance_Gro_Rev_Grants_Cre	slc060716
DY	6.7.17	Other_County_Gro_Rev_Grants_Credit_I	slc060717
DZ	6.7.18	Other_Payers_Gro_Rev_Grants_Credit_I	slc060718
EA	6.7.19	Grand_TOT_Gro_Rev_Grants_Credit_Ba	slc060719
EB	6.8.1	Medicare_Gro_Rev_Other_Adj	slc060801
EC	6.8.2	Medicare_Mng_Gro_Rev_Other_Adj	slc060802
ED	6.8.3	MediCal_Gro_Rev_Other_Adj	slc060803
EE	6.8.4	MediCal_Mng_Gro_Rev_Other_Adj	slc060804
EF	6.8.5	County_CMSP_MISP_Gro_Rev_Other_A	slc060805
EG	6.8.6	Healthy_Families_Gro_Rev_Other_Adj	slc060806
EH	6.8.7	Pvt_Insurance_Gro_Rev_Other_Adj	slc060807
EI	6.8.8	SelfPay_Slide_Fee_Gro_Rev_Other_Adj	slc060808
EJ	6.8.9	Free_Gro_Rev_Other_Adj	slc060809
EK	6.8.10	Breast_Cancer_Gro_Rev_Other_Adj	slc060810
EL	6.8.11	CHDP_Gro_Rev_Other_Adj	slc060811
EM	6.8.12	EAPC_Gro_Rev_Other_Adj	slc060812
EN	6.8.13	Family_PACT_Gro_Rev_Other_Adj	slc060813
EO	6.8.14	SDiego_Med_Plan_Gro_Rev_Other_Adj	slc060814
EP	6.8.15	LA_County_PartnrShp_Gro_Rev_Other_	slc060815
EQ	6.8.16	Alameda_Alliance_Gro_Rev_Other_Adj	slc060816
ER	6.8.17	Other_County_Gro_Rev_Other_Adj	slc060817
ES	6.8.18	Other_Payers_Gro_Rev_Other_Adj	slc060818
ET	6.8.19	Grand_TOT_Gro_Rev_Other_Adj	slc060819
EU	6.9.1	Medicare_Gro_Rev_Reconciliation	slc060901
EV	6.9.2	Medicare_Mng_Gro_Rev_Reconciliation	slc060902
EW	6.9.3	MediCal_Gro_Rev_Reconciliation	slc060903
EX	6.9.4	MediCal_Mng_Gro_Rev_Reconciliation	slc060904
EY	6.9.5	County_CMSP_MISP_Gro_Rev_Reconci	slc060905
EZ	6.9.6	Healthy_Families_Gro_Rev_Reconciliati	slc060906

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Spreadsheet Columns	Section, Line, and Column Numbers	Text Field Name	Alt. Section, Line, & Column Numbers
FA	6.9.7	Pvt_Insurance_Gro_Rev_Reconciliation	slc060907
FB	6.9.8	SelfPay_Slide_Fee_Gro_Rev_Reconcilia	slc060908
FC	6.9.9	Free_Gro_Rev_Reconciliation	slc060909
FD	6.9.10	Breast_Cancer_Gro_Rev_Reconciliation	slc060910
FE	6.9.11	CHDP_Gro_Rev_Reconciliation	slc060911
FF	6.9.12	EAPC_Gro_Rev_Reconciliation	slc060912
FG	6.9.13	Family_PACT_Gro_Rev_Reconciliation	slc060913
FH	6.9.14	SDiego_Med_Plan_Gro_Rev_Reconciliat	slc060914
FI	6.9.15	LA_County_PartnRShp_Gro_Rev_Recon	slc060915
FJ	6.9.16	Alameda_Alliance_Gro_Rev_Reconciliati	slc060916
FK	6.9.17	Other_County_Gro_Rev_Reconciliation	slc060917
FL	6.9.18	Other_Payers_Gro_Rev_Reconciliation	slc060918
FM	6.9.19	Grand_TOT_Gro_Rev_Reconciliation	slc060919
FN	6.10.1	Medicare_Gro_Rev_TOT_WriteOffs_Adj	slc061001
FO	6.10.2	Medicare_Mng_Gro_Rev_TOT_WriteOffs	slc061002
FP	6.10.3	MediCal_Gro_Rev_TOT_WriteOffs_Adj	slc061003
FQ	6.10.4	MediCal_Mng_Gro_Rev_TOT_WriteOffs	slc061004
FR	6.10.5	County_CMSP_MISP_Gro_Rev_TOT_W	slc061005
FS	6.10.6	Healthy_Families_Gro_Rev_TOT_WriteC	slc061006
FT	6.10.7	Pvt_Insurance_Gro_Rev_TOT_WriteOffs	slc061007
FU	6.10.8	SelfPay_Slide_Fee_Gro_Rev_TOT_Write	slc061008
FV	6.10.9	Free_Gro_Rev_TOT_WriteOffs_Adj	slc061009
FW	6.10.10	Breast_Cancer_Gro_Rev_TOT_WriteOffs	slc061010
FX	6.10.11	CHDP_Gro_Rev_TOT_WriteOffs_Adj	slc061011
FY	6.10.12	EAPC_Gro_Rev_TOT_WriteOffs_Adj	slc061012
FZ	6.10.13	Family_PACT_Gro_Rev_TOT_WriteOffs	slc061013
GA	6.10.14	SDiego_Med_Plan_Gro_Rev_TOT_Write	slc061014
GB	6.10.15	LA_County_PartnRShp_Gro_Rev_TOT_V	slc061015
GC	6.10.16	Alameda_Alliance_Gro_Rev_TOT_Write	slc061016
GD	6.10.17	Other_County_Gro_Rev_TOT_WriteOffs	slc061017
GE	6.10.18	Other_Payers_Gro_Rev_TOT_WriteOffs	slc061018
GF	6.10.19	Grand_TOT_Gro_Rev_TOT_WriteOffs_A	slc061019
GG	6.15.1	Medicare_Net_Pt_Rev_Collected	slc061501
GH	6.15.2	Medicare_Mng_Net_Pt_Rev_Collected	slc061502
GI	6.15.3	MediCal_Net_Pt_Rev_Collected	slc061503
GJ	6.15.4	MediCal_Mng_Net_Pt_Rev_Collected	slc061504
GK	6.15.5	County_CMSP_MISP_Net_Pt_Rev_Colle	slc061505
GL	6.15.6	Healthy_Families_Net_Pt_Rev_Collected	slc061506
GM	6.15.7	Pvt_Insurance_Net_Pt_Rev_Collected	slc061507
GN	6.15.8	SelfPay_Slide_Fee_Net_Pt_Rev_Collect	slc061508
GO	6.15.9	Free_Net_Pt_Rev_Collected	slc061509
GP	6.15.10	Breast_Cancer_Net_Pt_Rev_Collected	slc061510
GQ	6.15.11	CHDP_Net_Pt_Rev_Collected	slc061511
GR	6.15.12	EAPC_Net_Pt_Rev_Collected	slc061512
GS	6.15.13	Family_PACT_Net_Pt_Rev_Collected	slc061513
GT	6.15.14	SDiego_Med_Plan_Net_Pt_Rev_Collecte	slc061514
GU	6.15.15	LA_County_PartnRShp_Net_Pt_Rev_Coll	slc061515
GV	6.15.16	Alameda_Alliance_Net_Pt_Rev_Collecte	slc061516
GW	6.15.17	Other_County_Net_Pt_Rev_Collected	slc061517
GX	6.15.18	Other_Payers_Net_Pt_Rev_Collected	slc061518
GY	6.15.19	Grand_TOT_Net_Pt_Rev_Collected	slc061519

2002 PRIMARY CARE CLINICS
 Non-responding Clinics
 (clin02pc_nonresponders.txt)

Spreadsheet Columns	Section, Line, and Column Nos.	Text Field Name	Alt. Section, Line, and Column Nos.
A	1.2.1	OSHPD Facility ID#	OSHPD_ID
B	1.1.1	Facility Name	Fac_Name
C	1.3.1	Fac_Address_One	Fac_Address_One
D	1.4.1	Fac_City	Fac_City
E	1.5.1	Fac_ZipCode	Fac_ZipCode
F	Lic_Status	Lic_Status	Lic_Status
G	Lic_Status_Date	Lic_Status_Date	Lic_Status_Date
H	Lic_Orig_Date	Lic_Orig_Date	Lic_Orig_Date
I	Report_Status	Report_Status	Report_Status
J	Lic_Type	Licence Type	Lic_Type

APPENDIX A

Counties of California

APPENDIX A

COUNTIES OF CALIFORNIA

CODE NUMBERS AND NAMES

COUNTY		COUNTY		COUNTY	
#	Name	#	Name	#	Name
01	Alameda	20	Madera	40	San Luis Obispo
02	Alpine	21	Marin	41	San Mateo
03	Amador	22	Mariposa	42	Santa Barbara
04	Butte	23	Mendocino	43	Santa Clara
05	Calaveras	24	Merced	44	Santa Cruz
06	Colusa	25	Modoc	45	Shasta
07	Contra Costa	26	Mono	46	Sierra
08	Del Norte	27	Monterey	47	Siskiyou
09	EI Dorado	28	Napa	48	Solano
10	Fresno	29	Nevada	49	Sonoma
11	Glenn	30	Orange	50	Stanislaus
12	Humboldt	31	Placer	51	Sutter
13	Imperial	32	Plumas	52	Tehama
14	Inyo	33	Riverside	53	Trinity
15	Kern	34	Sacramento	54	Tulare
16	Kings	35	San Benito	55	Tuolumne
17	Lake	36	San Bernardino	56	Ventura
18	Lassen	37	San Diego	57	Yolo
19	Los Angeles	38	San Francisco	58	Yuba
		39	San Joaquin		

APPENDIX B

2002 Annual Utilization Report of Primary Care Clinics

Blank On-Line Report Form Facsimile

(AURPCC)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS - 2002
Licensed Community and Free Clinics

GENERAL INFORMATION - SECTION 1

1. Facility DBA (Doing Business As) Name:		2. OSHPD Facility ID No.:	
3. Street Address:		4. City:	5. Zip Code:
6. Facility Phone No.: ()	7. Administrator Name:	8. Administrator's E-Mail Address:	
9. Was this clinic in operation at any time during the year?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
What were the dates of operation? (MMDDYYYY):		(MMDDYYYY):	
10. From:		11. Through:	
12. Name of Parent Corporation:			
13. Corporate Business Address:		14. City:	15. State: 16. Zip Code:
17. Corporate Phone No. ()			
18. Person Completing Report		19. Phone No. () Ext.	
20. Fax No. ()		21. E-mail Address:	

CERTIFICATION

I declare the following under penalty of perjury: that I am the current administrator of this health facility, duly authorized by the governing body to act in an executive capacity; that I am familiar with the record keeping systems of this facility; that the records and logs are true and correct to the best of my knowledge and belief; that I have read this annual report and am thoroughly familiar with its contents; and that its contents represent an accurate and complete summarization from medical records and logs of the information requested.

Date

Administrator Signature

Administrator Name (Please Print)

Completion of the Annual Utilization Report of Primary Care Clinics is required by Section 127285 and Section 1216 of the Health and Safety Code. Failure to complete and file this report by February 15, 2002 may result in suspension of the clinic's license.

Office of Statewide Health Planning and Development

Accounting and Reporting Systems Section

Licensed Services Data and Compliance Unit

818 K Street, Room 400
Sacramento, CA 95814Phone: (916) 323-7685
FAX: (916) 322-1442

CLINIC SERVICES
SECTION 2

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002
OSHPD FACILITY ID # _____

FEDERALLY QUALIFIED HEALTH CLINIC (FQHC)

Line No.	(1)
1	FQHC <input type="checkbox"/> FQHC Look-Alike <input checked="" type="checkbox"/> Neither <input type="checkbox"/>

(Indicate clinic type, if applicable.)

RURAL HEALTH CLINIC

Line No.	(1)
2	Yes <input type="checkbox"/> No <input type="checkbox"/>

(Is this a 95-210 Rural Health Clinic?)

COMMUNITY OR FREE CLINIC

Line No.	(1)
3	Community <input type="checkbox"/> Free <input type="checkbox"/>

(Indicate clinic type.)

COMMUNITY SERVICES (Indicate Community Services offered.)

Line No.		(1) Offered
10	Adult Day Care	
11	Child Care	
12	Community Education	
13	Community Nutrition	
14	Disaster Relief	
15	Environmental Health	
16	Homeless	
17	Legal	
18	Outreach	
19	Social Services	
20	Substance Abuse	
21	Transportation	
22	Vocational Training Placement	
23	Other	

LANGUAGES SPOKEN BY STAFF

AND PATIENTS*

Line No.		(1) Staff	(2) Patients
30	Arabic		
31	Armenian		
32	Cambodian		
33	Chinese		
34	Hindustani		
35	Hmong		
36	Japanese		
37	Korean		
38	Laotian		
39	Portuguese		
40	Punjabi		
41	Russian		
42	Sign Language		
43	Spanish		
44	Tagalog		
45	Vietnamese		

***Staff** - Indicate if one or more of your staff members speak a listed language. **Patients** - Indicate if 100 patients (or more than 1% of your patient populations) are best served in a listed language. Estimates are acceptable if exact counts are not available.

LANGUAGE SUMMARY

Line		(1)
55	Enter percent of patient population best served in a non-English language (round to nearest WHOLE percent)	
56	From the languages listed above, enter the name of the primary language (other than English) spoken by your patient population.	

CLINIC SERVICES
Section 2 (continued)

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002
 OSHPD FACILITY ID # _____

FTEs AND ENCOUNTERS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Encounters
60	Physicians					
61	Physician Assistants					
62	Family Nurse Practitioners					
63	Certified Nurse Midwives					
64	Visiting Nurses					
65	Dentists					
66	Registered Dental Hygienists					
67	Psychiatrist					
68	Clinical Psychologist					
69	Licensed Clinical Social Worker (LCSW)					
70	Marriage, Family and Child Counselors (MFCC)					
71	Other Providers billable to Medi-Cal**					
74	Other Certified CPSP providers not listed above***					
75	Totals					

**Other Provider billable to Medi-Cal - Included here are Chiropractors, Physical Therapists, Optometrists, Acupuncturists and any other professional who is able to be reimbursed through the Medi-Cal program.

*** Comprehensive Perinatal Services Program - List all other professionals not listed above that are certified by the CPSP program to render services and can be reimbursed.

FTEs AND CONTACTS BY PRIMARY CARE PROVIDER

Line No.	Primary Care Providers	(1) No. of Salaried FTEs*	(2) No. of Contract FTEs*	(3) No. of Volunteer FTEs*	(4) Total FTEs*	(5) No. of Contacts
80	Registered Dental Assistants					
81	Registered Nurses					
82	Licensed Vocational Nurses					
83	Non-Licensed Patient Education Staff					
89	Other Providers not listed above					
90	Totals					

* Report FTEs to two decimal places, e.g., 2.25

PATIENT DEMOGRAPHICS
SECTION 3

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

RACE

Line No.		(1) No. of Patients
1	White	
2	Black	
3	Native American / Alaskan Native	
4	Asian / Pacific Islander	
9	Other / Unknown	
10	Total Patients*	

FEDERAL POVERTY LEVEL

	(1) Patients	Line No.
Under 100%		20
100 - 200%		21
Above 200%		22
Unknown		23
Total Patients*		24

ETHNICITY

Line No.		(1) No. of Patients
11	Hispanic	
12	Non-Hispanic	
13	Unknown	
15	Total Patients*	

AGE CATEGORY

	(1) Males	(2) Females	Line No.
Under 1 year			40
1 - 4 years			41
5 - 12 years			42
13 - 14 years			43
15 - 19 years			44
20 - 34 years			45
35 - 44 years			46
45 - 64 years			47
65 and over			48
Total Patients*			55

**SEASONAL AGRICULTURAL
AND MIGRATORY WORKERS**

Line No.		(1)
30	Total Patients	
31	Total Encounters	

PATIENT COVERAGE

Line No.		(1) No. of Patients
60	Medicare	
61	Medicare - Managed Care	
62	Medi-Cal	
63	Medi-Cal - Managed Care	
64	County Indigent / CMSP / MISP	
65	Healthy Families	
66	Private Insurance	
67	Alameda Alliance for Health	
68	LA Co. Public Private Partnership	
69	San Diego Co. Medical Plan	
70	Self-Pay / Sliding Fee	
71	Free	
74	All Other Payers	
75	Total Patients*	

EPISODIC PROGRAMS

	(1) Patients	Line No.
BCCCP		80
CHDP		81
EAPC		82
Family PACT		83
Other County Programs		84
Childrens Treatment Program		85
Other Payer - covered by a grant		89
Total Episodic Patients (duplicated)		90

CHILD HEALTH AND DISABILITY PREVENTION (CHDP)

	(1) Number	Line No.
CHDP Assessments		95

* Totals for these tables must agree.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS**SECTION 4**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

Report the diagnosis (or symptom, condition, problem or complaint) as the main reason for the encounter. Do not report the secondary diagnosis(es). There should be one (and only one) principal diagnosis for each encounter.

ENCOUNTERS BY PRINCIPAL DIAGNOSIS

Line No.	Classification of Diseases and/or Injuries for each Principal Diagnosis	ICD-9-CM Codes	(1) No. of Encounters	Line No.
1	Infectious and Parasitic Diseases	001 - 139		1
2	Neoplasms	140 - 239		2
3	Endocrine, Nutritional, and Metabolic Diseases, and Immunity Disorders	240 - 279		3
4	Blood and Blood Forming Disorders	280 - 289		4
5	Mental Disorders	290 - 319		5
6	Nervous System and Sense Organs Diseases	320 - 389		6
7	Circulatory System Diseases	390 - 459		7
8	Respiratory System Diseases	460 - 519		8
9	Digestive System Diseases	520 - 579		9
10	Genitourinary System Diseases	580 - 629		10
11	Pregnancy, Childbirth & the Puerperium	630 - 677		11
12	Skin and Subcutaneous Tissue Diseases	680 - 709		12
13	Musculoskeletal System and Connective Tissue Diseases	710 - 739		13
14	Congenital Anomalies	740 - 759		14
15	Certain Conditions Originating in the Perinatal Period	760 - 779		15
16	Symptoms, Signs, and Ill-defined Conditions	780 - 799		16
17	Injury and Poisoning	800 - 999		17
18	Factors Influencing Health Status and Contact with Health Services	V01 - V82		18
19	Dental Diagnoses			19
20	Family Planning S-Codes			20
21	Other			21
25	Total			25

ENCOUNTERS BY PRINCIPAL SERVICE

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

SECTION 5

OSHPD FACILITY ID # _____

Classify each encounter by the primary CPT code that was reported on the billing document for this encounter. Do not report secondary procedures. There should be one and only one procedure code reported for each encounter.

ENCOUNTERS BY PRINCIPAL SERVICE

Line No.	Principal Service	2001 CPT Codes	(1) No. of Encounters	Line No.
	Evaluation and Management Services			
1	Evaluation and Management (new patient)	99201 - 99205		1
2	Evaluation and Management (established patient)	99211 - 99215		2
3	Hospital Related Services	99217 - 99239		3
4	Consultations	99241 - 99275		4
		99281 - 99285		
5	Other Evaluation and Management Services	99450 - 99456 99420 - 99429, 99499		5
6	Nursing Facility Related Services	99301 - 99316		6
7	Case Management Services	99361 - 99373		7
		99381 - 99384		
8	Preventive Medicine (infant, child, adolescent)	99391 - 99394 99431 - 99440		8
		99385 - 99387		
9	Preventive Medicine (adults)	99395 - 99397		9
10	Counseling	99401 - 99412		10
	All Other Services			
11	Anesthesia	00100 - 01999		11
12	Integumentary System	10040 - 19499		12
13	Musculoskeletal System	20000 - 29909		13
14	Respiratory System	30000 - 32999		14
15	Cardiovascular System	33010 - 37799		15
16	Hemic and Lymphatic System	38100 - 38999		16
17	Mediastinum and Diaphragm System	39000 - 39599		17
18	Digestive System	40490 - 49999		18
19	Urinary System	50010 - 53899		19
20	Male Genital System	54000 - 55899		20
21	Intersex Surgery	55970, 55980		21
22	Female Genital System	56405 - 58999		22
23	Maternity Care and Delivery	59000 - 59899		23
24	Endocrine System	60000 - 60699		24
25	Nervous System	61000 - 64999		25
26	Eye and Ocular Adnexa System	65091 - 68899		26
27	Auditory System	69000 - 69990		27
28	Radiology	70010 - 79999		28
29	Pathology / Laboratory	80048 - 89399		29
30	Medicine - Special Services	90281 - 99199		30
31	Family Planning "Z" codes	"Z" codes		31
32	Dental encounters	all cdt codes		32
44	Any other encounters			44
45	Total			45

SELECTED PROCEDURES

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

SECTION 5 (continued)

OSHPD FACILITY ID # _____

Report the number of encounters for each code (or range of codes) regardless of whether it is the primary or subsequent procedure code.

SELECTED PROCEDURE CODES

Line No.	Selected Procedures	2001 CPT Codes	(1) No. of Procedures	Line No.
50	Mammogram	76090 - 76092 86701 - 86703 86689, 87390 - 87391		50 51 52
51	HIV Testing			
52	Pap Smear	88141 - 88155 88164 - 88167		
53	Contraceptive Management	11975 - 11977 55250, 55450, 57170, 58300 - 58301, 58600 - 58611		53
54	Abortions (will not be on the public file)	59812 - 59857		54
Vaccinations:				
60	DPT, Tetanus and Diphtheria	90701, 90718, 90700		60
61	Hemophilus Influenza B (Hib)	90645 - 90648		61
62	Hepatitis A	90633-90636		62
63	Hepatitis B or HepB-HIB	90740 - 90747		63
64	HepB and Hib	90748		64
65	Influenza Virus Vaccine	90657 - 90660		65
66	Measles, Mumps and Rubella (MMR)	90707		66
67	Pneumococcal	90669		67
68	Poliovirus	90712 - 90713		68
69	Varicella	90716		69

REVENUE AND UTILIZATION BY PAYER**SECTION 6**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE									Line No.
		(1) Medicare	(2) Medicare - Managed Care	(3) Medi-Cal	(4) Medi-Cal - Managed Care	(5) County Indigent / CMSP / MISP	(6) Healthy Families	(7) Private Insurance	(8) Self-Pay / Sliding Fee	(9) Free	
1	Encounters										1
2	Gross Revenue										2
3	Write-offs and Adjustments Sliding Fee Scale										3
4	Free/ Complimentary										4
5	Contractual Adjustments										5
6	Bad Debt										6
7	Grants (credit balance)					()	()	()	()	()	7
8	Other Adjustments										8
9	Reconciliation										9
10	Total Write Offs & Adj. (sum lines 3-9)										10
15	Net Patient Revenue (line 2 - line 10)										15

REVENUE AND UTILIZATION BY PAYER**SECTION 6 (continued)**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

REVENUE AND UTILIZATION BY PAYMENT SOURCE

Line No.		PAYMENT SOURCE										Line No.
		(10) Breast Cancer Programs*	(11) CHDP	(12) EAPC	(13) Family PACT	(14) San Diego Co. Medical Plan	(15) LA Co. Public Private Partnership	(16) Alameda Alliance for Health	(17) Other County Programs	(18) All Other Payers	(19) Total	
1	Encounters											1
2	Gross Revenue											2
3	Write-offs and Adjustments											
4	Sliding Fee Scale											3
5	Free/ Complimentary											4
6	Contractual Adjustments											5
7	Bad Debt											6
8	Grants (credit balance)	()	()	()	()	()	()	()	()	()	()	7
9	Other Adjustments											8
10	Reconciliation											9
10	Total Write Offs & Adj. (sum lines 3-9)											10
15	Net Patient Revenue (line 2 - line 10)											15

*These include the following:

Breast Cancer Early Detection Program

Breast and Cervical Cancer Control Program

INCOME STATEMENT**SECTION 7**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

INCOME STATEMENT

Line No.		(1) Total	Line No.
1	GROSS PATIENT REVENUE (from Sec 6(2), line 2, col. 19)		1
2	TOTAL WRITE-OFFS AND ADJUSTMENTS (from Sec 6(2), line 10, col. 19)		2
3	NET PATIENT REVENUE (from Sec 6(2), line 15, col. 19)		3
4	OTHER OPERATING REVENUE:		4
5	Federal Funds		
6	State Funds		5
7	County Funds		6
8	Local (City or District) Funds		7
9	Private		8
19	Donations / Contributions		9
19	Other		19
20	TOTAL OTHER OPERATING REVENUE (sum lines 4-19)		20
25	TOTAL OPERATING REVENUE (line 3 + line 20)		25
30	OPERATING EXPENSES:		
31	Salaries, Wages and Employee Benefits		30
32	Contract Services - Professional		31
33	Supplies - Medical and Dental		32
34	Supplies - Office		33
35	Outside Patient Care Services		34
36	Rent / Depreciation / Mortgage Interest		35
37	Utilities		36
38	Professional Liability Insurance		37
39	Other Insurance		38
44	Continuing Education		39
44	All Other Expenses		44
45	TOTAL OPERATING EXPENSES (sum lines 30-44)		45
50	NET FROM OPERATIONS (line 25 - line 45)		50

CAPITAL PROJECTS AND FUNDS**SECTION 8**

ANNUAL UTILIZATION REPORT OF PRIMARY CARE CLINICS 2002

OSHPD FACILITY ID # _____

EQUIPMENT ACQUIRED OVER \$500,000

Did your clinic purchase any diagnostic or therapeutic equipment that cost \$500,000 or more?

Line No	(1)
1	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If "yes", fill out lines 5 through 8 below.)

EQUIPMENT DETAIL

Line No.	(1) Market Value	(2) OSHPD Project No.	(3) Date of Acquisition	(4) Means of Acquisition (Check one.)			
5				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
6				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
7				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>
8				Purchase <input type="checkbox"/>	Lease <input type="checkbox"/>	Donation <input type="checkbox"/>	Other <input type="checkbox"/>

CAPITAL EXPENDITURES OVER \$1,000,000

Did the clinic commence any building projects during the report period which will require an aggregate capital expenditure exceeding \$1,000,000?

Line No	(1)
10	Yes <input type="checkbox"/> No <input type="checkbox"/>

(If "yes", fill out lines 11 and 12 below.)

DETAIL OF CAPITAL EXPENDITURES

Line No.	(1) Projected Total Capital Expenditure	(2) OSHPD Project No. (if applicable)
11	Project 1	
12	Project 2	

CAPITAL FUND

Line No.	(1)
15	Beginning Fund Balance
16	Current Year Contributions
17	Current Year Interest Earnings
18	Current Years Expenditures
19	Ending Fund Balance (line 15 + line 16 + line 17 - line 18)